

The special attention of physicians is respectfully invited to the examples below, and to list of diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No.

1920

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 31st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Bonnard Wolf

Sex, Male or Female, { Cross out the word not required in this line }

Age,

Years,

Months,

9

Days.

white

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number }

to 1011 Greens Court

Cause of Death, { First (Primary),
Second (Immediate), }

Tremas hascentium

Duration of Last Sickness,

3 days

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

St. James Holy Redeemer

Date of Burial, Augt 2

J C Burch

M. D.

{ Undertaker, P. Harle

Medical Attendant.

{ Place of Business, 115 West st

Address, 511 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 190

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

July 31st 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Louisa Jenkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years,

Months,

Color, White

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Baltimore, Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

422 Hephage St

Cause of Death, { First (Primary), Second (Immediate), }

Typho-malarial Fever

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive Cemetery

Date of Burial, Augt 1

Robert S. Rowe M. D.

Undertaker, B. Harle

Medical Attendant.

Place of Business, 115 West St

Address, 1119 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. A 1982

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

Aug 1, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Charley Conley

Sex, Male or Female, { Cross out the word not required in this line.

Age, _____

Years, _____

2 Months, _____

Days. _____

Color, _____

White

Married, Single, Widow or Widower, { Cross out the word not required in this line.

Occupation, _____

none

Birthplace, { State or Country and how long in the United States, if of foreign birth.

Balto

Duration of Residence in the City of Baltimore, _____

life

Place of Death, { Give street and number.

523 Gravel ally
Marion

Cause of Death, { First, (Primary.)

Second, (Immediate.)

Duration of Last Sickness, _____

life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug - 2nd 1887 Archib. M. Winslow, M.D.,

Medical Attendant.

{ Undertaker, Wm Weaver

{ Place of Business, 738 N. Eutaw Address, 311 N. Charles St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1923 Office of Registrar of Vital Statistics. Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 1st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Atlas

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

18 Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Hairdresser

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Lancaster Co Va

Duration of Residence in the City of Baltimore,

1 year

Place of Death, { Give Street and Number. }

1355 Rockford

Cause of Death, { First (Primary),

Heart, Mitral Repair

Second (Immediate),

Exhaustion

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician.

Place of Burial,

Lancaster Co Va

Date of Burial,

Aug 3rd 1887

Undertaker,

J. G. Langford

Place of Business,

1408 Penn Ave

John S. Hack

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the physician when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

4789

Health Department, City of Baltimore.

Permit No. A 1924

Office of Registrar of Vital Statistics.

Ward 12⁺

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 1st 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Teresa.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 6 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Infant. Asylum

Cause of Death, { First (Primary), Marasmus & Drutition - Second (Immediate), Exhaustion }

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, New Calle Cemetery

Date of Burial, Aug. 2. 1887

{ Undertaker, Jules Barnard }

{ Place of Business, Division St. }

F. J. Flannery

M. D.

Medical Attendant.

Address, 1701 St. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 1915

Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

Aug. 2 d. 1915

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Wanner

Sex, Male or Female, { Cross out the word not required in this line.

Female.

Age,

Years,

Months,

22

Days.

Color,

white,

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Single

Occupation,

Wanner

Birth Place, { State or country, and how long in the United States, if of foreign birth.

223 N. Frederick St., Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number.

223 N. Frederick St.

Cause of Death, { First (Primary),
Second (Immediate),

Chalera Impurum,

Duration of Last Sickness,

Six days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Aug 3^d

L. F. Ankrum M. D.

Medical Attendant.

{ Undertaker, Geo Schilling

Address, 807 Government

{ Place of Business, Aikland & Young

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

~~1916~~ Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday July 30, 1897
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Evans
 Sex, Male or Female, { Cross out the word not required in this line. } Female
 Age, 15 Years, 8 Months, 28 Days.
 Color, Mulatto
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single
 Occupation, House Girl
 Birth Place, { State or country, and how long in the United States, if of foreign birth. } Acute General Tuberculosis
 Duration of Residence in the City of Baltimore,
 Place of Death, { Give Street and Number. } 10 Vincent Alley
 Cause of Death, { First (Primary), Acute General Tuberculosis
Second (Immediate), Consumption
 Duration of Last Sickness, About one year
 All the above information should be furnished by the Physician.
 Place of Burial, Laurel Cemetery
 Date of Burial, Aug 2nd 1897
 Undertaker, J. H. Danner
 Place of Business, 150 East St
 Address, 728 W. Lexington
 Dr. G. G. Gossage M. D.
 Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to the use of disjunctive words of this certificate.

Health Department, City of Baltimore.

Permit No.

1927

Office of Registrar of Vital Statistics.

Ward

14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 11, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Virginia Whitford

Sex, Male or Female, { Cross out the word not required in this line. }

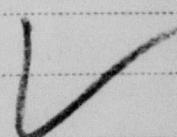
Age, 22 Years,

3 Months,

Days.

Color,

white



Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Bather

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Lifetime

Duration of Residence in the City of Baltimore.

121 Carrollton ave

Place of Death, { Give Street and Number. }

Consumption of Sugar

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

16 months

All the above information should be furnished by the Physician.

Place of Burial,

Mt Olivet Cem

Date of Burial,

Aug 3/87

{ Undertaker,

J. B. Cook

James Bostock M. D.

Medical Attendant.

{ Place of Business,

1003 W Baltimore St.

Address,

1701 Hollins Dr.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to LIST of DISEASES on back of this Certificate.

Health Department, City of Baltimore.

1928 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 31, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Donohue

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 39 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Laborer

Ireland

Duration of Residence in the City of Baltimore,

26 years

Place of Death, { Give Street and Number. }

428 E. Street Es

Inflammation of Brain

Cause of Death, { First (Primary),

Second (Immediate),

6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Aug 3/87

Undertaker, J. B. Cook James Bosley M. D.

Medical Attendant

Place of Business, 1003 E. Balt Address, 1701 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 1929

Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, August 1st 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clayton Watterton Myers.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, — Years, 8 Months, — Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, ml

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Six years.

Place of Death, { Give Street and Number. } 657 Raboy St.

Cause of Death, { First (Primary), Cholera Infantum. Second (Immediate), Exhaustion. }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Aug 21st

D.W. Jones

M. D.

Medical Attendant.

{ Undertaker, J. B. Cook }

{ Place of Business, 1003 W. Baltimore Address, 224 Elliott St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]